

**THE KENTUCKY BOARD OF  
OPHTHALMIC DISPENSERS  
PO BOX 1360  
FRANKFORT, KY 40602**

**APPLICATION FOR APPRENTICE LICENSE**

FOR OFFICE USE ONLY

P.V. No. \_\_\_\_\_

Date Rec'd \_\_\_\_\_

Amount \_\_\_\_\_

Approved \_\_\_\_\_

Date Issued \_\_\_\_\_

License # \_\_\_\_\_

**1. PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**2. GENERAL INFORMATION:**

A. Have you previously held an apprentice in the state of Kentucky? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Do you hold a license as an ophthalmic dispenser from any other state? Yes \_\_\_\_\_ No \_\_\_\_\_

C. If yes, please indicate state(s) \_\_\_\_\_

D. Have you ever held a Kentucky License? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, license # \_\_\_\_\_

E. Have you ever been refused a license as an ophthalmic dispenser in Kentucky or any other state?  
Yes \_\_\_\_\_ No \_\_\_\_\_. **If yes, explain in full with attachment.**

F. Have you, at any time, forfeited your license by revocation or suspension? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If yes, explain in full with attachment.**

G. Give name and address of firm, partnership, corporation, or individual by which you will be employed.

\_\_\_\_\_  
(Company Name) (Street Address)

\_\_\_\_\_  
(City) (State) (Zip) (Phone)

H. What is your position with the firm? \_\_\_\_\_ Length of Employment \_\_\_\_\_

I. Have you ever been involved in a court action, civil or criminal? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain in full with attachment.

### 3. EDUCATION AND EXPERIENCE:

A. List below past employment.

- |                   | Month and Year | Month and Year |
|-------------------|----------------|----------------|
| 1. Employer _____ | From _____     | To _____       |
| City _____        | State _____    | Zip _____      |
| 2. Employer _____ | From _____     | To _____       |
| City _____        | State _____    | Zip _____      |
| 3. Employer _____ | From _____     | To _____       |
| City _____        | State _____    | Zip _____      |

B. What is the extent of your education? Grade School \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_

C. Have you taken any academic work relating to ophthalmic dispensing? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list \_\_\_\_\_

E. Are you a graduate of any school of ophthalmic dispensing approved by the Board? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list \_\_\_\_\_

F. Have you successfully passed the ABO (American Board of Opticianry National Competency Exam): \_\_\_\_\_  
If yes, please attach a copy of your certificate.

G. Have you successfully passed the NCLE (National Contact Lens Examiners Contact Lens Registry Exam)? \_\_\_\_\_  
If yes, please attach a copy of your certificate.

H. Check the type of operation you are associated with:

Independent Optician _____	Optometrist's Office _____	National Retailer _____
Ophthalmologist's Office _____	Wholesale Distributor _____	Other _____

### 4. SPONSOR INFORMATION

A. Give name of licensed individual under whom you will receive your training. \_\_\_\_\_

B. Is your sponsor the owner \_\_\_\_\_, manager \_\_\_\_\_, or employee \_\_\_\_\_ of the company where you are employed?

C. Will you be working under the direct supervision of a licensed ophthalmic dispenser, optometrist, or Ophthalmologist?  
Yes \_\_\_\_\_ No \_\_\_\_\_. If no, explain \_\_\_\_\_

## 5. APPLICANT'S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation of falsification, my application could be rejected or my license revoked by the Board. Furthermore, I agree to abide by the standards of practice approved by the Board.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## 6. SPONSOR'S AFFIDAVIT

I, the sponsor of record for the above named applicant for apprenticeship, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. Further, I accept full responsibility for training the above named in accordance with the requirements of KRS 326, 201 KAR 13 and the outline attached and to encourage the completion of the ABO and NCLE within the two-year apprenticeship program.

If, for any reason, the conditions of this supervisory relationship is terminated or changed, I will immediately notify the Board. Further, I do hereby certify that my Kentucky license is current, and will be maintained throughout this period.

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
License No

\_\_\_\_\_  
Date

Business Address: \_\_\_\_\_

(Company name)

(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Phone)

Are you currently sponsoring another apprentice? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list name. \_\_\_\_\_